I certify (or declare) under penalty of perjury that the foregoing is true

and correct.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

Nº 0681

SFUND RECORDS CTR

PRODUCER OF WASTE (Must be filled by producer)	HAULER OF WASTE (Must be filled by hauler) 999000431
Name (print or type): 4 ES 46/2 CEMAN	Name (print or type): All AMERICAN OIL COMPANY
Pick up Address: 13514151+ t Main Cot. Code No.	Business Address: 8655 So. Main Street, Los Angeles 900039de No.
Telephone Number: () P.O. or Contract No.:	Telephone Number: 213) 759-6145 Pick Up: Street) Time: 45 Dpm
Order Placed By: J. Wate Date: 3// 77	State Liquid Waste Hauler's Registration No. (if applicable): 118
Type of Process which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling-Code No. wastewater treatment, pickling bath, petroleum refining) DESCRIPTION OF WASTE (Must be filled by producer) Check type of wastes: 1.	Job No.:
Components: (Remples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide) 1.	Quantity measured at site (if applicable): Handling Method(s): recovery treatment (specify): pond spreading landfill injection well other (specify): Code No. If waste is held for disposal elsewhere specify final location: Disposal Date: I certify (or declaye) under penalty of perjury that the foregoing is true and correct. Signature of authorized agent and title The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
The waste is described to the best of my ability and it was delivered to	Auresas
a licensed liquid waste hauler (if applicable).	

Signature of authorized agent and title

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.